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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F27341** (9)
1. Corporation Name
WITHLACOOCHEE BACKWATER BLUEGRASS, INC.



Principal Place of Business
**HWY #40 WEST
P.O. BOX 180
DUNNELLON FL 32630**

Mailing Address
**HWY #40 WEST
P.O. BOX 180
DUNNELLON FL 34430-0180**

3. Date Incorporated or Qualified
03/30/1981

3a. Date of Last Report
03/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2458107	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent KNIGHT, LONNIE E 2117 SE 16TH LANE OCALA FL 32670	10. Name and Address of New Registered Agent 81 Name ERGLE, SUSAN 82 Street Address (P.O. Box Number is Not Acceptable) 613 S.E. 13TH AVENUE 83 84 City OCALA 85 Zip Code FL 34471
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Susan Ergle*, **SUSAN ERGLE, PRESIDENT** 4/11/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VDST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNIGHT, MARGARET R.		1.2 NAME ERGLE, SUSAN	
STREET ADDRESS P.O. BOX 180	N/A	1.3 STREET ADDRESS 613 S.E. 13TH AVENUE	
CITY-ST-ZIP DUNNELLON FL		1.4 CITY-ST-ZIP OCALA, FL 34471	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNIGHT, LONNIE E		2.2 NAME BARRETT, TODD S.	N/A
STREET ADDRESS 2117 SE 16TH LANE		2.3 STREET ADDRESS P.O. BOX 1463	
CITY-ST-ZIP OCALA, FL 0		2.4 CITY-ST-ZIP DUNNELLON, FL 34430	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARRETT, TODD S.		3.2 NAME	
STREET ADDRESS P. O. BOX 1463	N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP DUNNELLON FL		3.4 CITY-ST-ZIP	
TITLE AVP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERGLE, SUSAN		4.2 NAME	
STREET ADDRESS 613 S. E. 13TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SUSAN ERGLE, PRESIDENT

CP2E034 (9/96)